

Jefferson County Public Health  
**Clean Indoor Air Regulation Variance\* Application**  
**(\*RCW 70.160.6 / Jefferson County Ordinance 04 0216 06)**

Applicant/Owner Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Street) (City)

Mailing Address: \_\_\_\_\_  
(Street or PO Box) (City) (Zip)

The afore named establishment requests a variance regarding prohibition of smoking within 25 feet of entrances, exits, windows that open, and ventilation intakes.

Rebuttal application must include the following:

- 1) Application fee based on current Jefferson County Public Health fee schedule.
- 2) Written description of the proposed reduction in the separation distance requirement
- 3) Detailed floor plan showing the specific area to be considered for a reduced separation (must include location of all entrances, exits, windows that open, and ventilation intakes within 25 feet of the proposed smoking area.
- 4) Written explanation of why the presumptively reasonable distance of 25 feet cannot be met and why consideration for a reduced separation distance is necessary.
- 5) Written justification from the application describing clear and convincing evidence that demonstrates that given the unique circumstance presented by the location of entrances, exits, windows that open, ventilation intakes or other factors, smoke will not infiltrate into the facility.
- 6) Written explanation describing how the applicant will assure the effectiveness of the reduced distance in keeping smoke from infiltrating into the facility, and what action they will take if smoke is determined to be entering the facility at a future time.

**NOTE:** The application for reduction of the 25-foot requirement applies only to the area addressed in the application and not to the entire structure or any other area near or around the facility.

By signing this application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of material fact by the applicant/owner with respect to this application may result in this permit being null and void. The applicant/owner agrees to save, indemnify, and hold harmless Jefferson County against all liabilities, judgments, court costs, reasonable attorney's fees and expenses which may in any way accrue against Jefferson County as a result of or in consequence of granting this permit. The applicant/owner further agrees to provide access and right of entry to Jefferson County and its employees, representatives or agents for the purpose of application review and any required later inspections.

Appeal-Any person aggrieved of a decision of the Director may appeal. Appeals must be submitted to the Tobacco Prevention Program within fifteen days after receiving written notice of the decision.

\_\_\_\_\_  
*Applicant/Owner Signature*

\_\_\_\_\_  
*Date*

Return completed application packet including application fee to:  
Tobacco Prevention Program-Jefferson County Public Health  
615 Sheridan Port Townsend WA 98368

Direct inquires to: Jefferson County Tobacco Prevention Program 360-385-9446